



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

bearing F of deposit	irst Class F	nis trai Postage	nsmittal of the below des e and addressed to the C	cnbed docum commissioner	ent is being de for Patents P.	eposited with the U O. Box 1450, Alex	United S kandria,	States Post VA 22313	tal Service in 3-1450, on th	e below date
Date of Deposit:	09/20/	/04	Name of Person Making the Deposit:	KATHERIN	E RINALDI	Signature of the Making the Dep	Persor posit:	Kath	eve,	Renel
In re Ap	plication	n of: (Greg Arnold and Fe	ermin Soria	ano					
Application No.:09/771,265			Examiner: Wallace, S.				RI		11 /	
Filed:	01/26	/01			Art Unit: 2	671		, 11		IVED
Confirm	nation N	o. : 7	984					Tool	SEP 2 8	2004
For: A	DAPTIV	E CO	NTENT DELIVERY	Z.				1echn(ology Ce	2004 Inter 2600
P.O. B	ssioner 1 0x 1450									
Alexan	dria, VA	223	13-1450	<u>AMEN</u>	IDMENT T	RANSMITTAL	_			
1.	Transmitted herewith is an amendment for this application									
Tra	Transmitted herewith is a response to an office action for the above identified patent application. (14 sheets) Transmitted herewith are sheets of substitute formal drawings. Other: Applicant is other than a small entity									
Extension of Term										
3.	The pro	ceed	lings herein are for	a patent a	application	and the provi	isions	of 37 C	.F.R. 1.13	36 apply.
(a)	[]	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
			Extension [] one month [] two months [] three month [] four months	าร	\$4 \$9	<u>e</u> 10.00 10.00 30.00 ,450.00				
					<u>F</u> e	e \$	_			
If an ad	If an additional extension of time is required, please consider this a petition therefor.									
(b)	[X]	being	icant believes that g made to provide I for a petition for e	for the pos	ssibility tha	is required. t applicant ha	Howe as inad	ever, this dvertent	conditior ly overloo	nal petition is ked the

1 of 2

Attorney Docket No.: PALM-3565.PSI

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	20	- 20 =	00	x \$18.00	\$0.00					
Independent Claims	3	- 3 =	0	x \$84.00	\$0.00					
Multiple Dependent Claim Fee (one or more, first added by this \$260.00 amendment)										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085. A duplicate copy of this authorization is enclosed.
- A check in the amount of §
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer Number: 45548

Respectfully submitted

Date: 20 September 2W4